M00F4
AIDS Administration
Department of Health and Mental Hygiene

Response to Issue:

Issue # 1: Federal Government May Require Name-based HIV Surveillance (p. 15 and 16)

The AIDS Administration should comment to the committees about the likelihood of the Ryan White Reauthorization including a requirement to collect HIV data by name.

It is uncertain if Ryan White Care Act reauthorization will require HIV reporting by name. The Ryan White Care Act is critical to reducing the human and fiscal impact of HIV and AIDS in Maryland because it funds HIV medications and treatment for over 29,000 people statewide. Currently, Maryland's funding is based on the number of the state's reported AIDS cases. The President's Principles for Ryan White Care Act reauthorization propose allocating funds based on name based AIDS cases and HIV cases reported by name. Maryland's HIV reporting system, which was legislated twelve years ago, reports by code, not names.

Also, the administration should explain to the committees how this change in HIV surveillance would be implemented, what resources the administration would need to implement the change, how long it might take to set a new system up, and length of time before the system could be expected to be mature.

Changes to Maryland HIV surveillance will require a change in legislation, regulations and operating procedures. These changes require a multi-year process.

Implementing a new name based HIV reporting system to establish a complete count of all prevalent HIV infections will take 1 to 2 years and will require a temporary increase in staff. Maryland investigates and reports 2,000 new cases of HIV and 1,500 new cases of AIDS per year. In addition, there are 15,000 cases of HIV that would need to be investigated and reported in the new name-based system.

In addition, the administration should comment about what this would mean for our federal funding.

If Maryland's current code based HIV data are considered acceptable, then according to the June 2005 General Accounting Office (GAO) report, Maryland would increase its share of CARE Act funds by 35%. If Maryland's current data are not included, then according to the GAO report, Maryland would decrease its share of CARE Act funds by 36% or about $26,000,000 annually. DHMH is working with the Maryland Congressional Delegation to ensure an appropriate phase-in period and to prevent any loss of funds to the state.

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Response to Issue:

Issue #2: End of MIPAR Contract (p. 17):

The AIDS Administration should explain to the committees the reasoning for not pursuing the conversion of the remaining 33 MIPAR positions if they are vital to the operation of the AIDS Administration. The AIDS Administration should comment about how the end of the MIPAR contract will affect the programs at the AIDS Administration. Also, the AIDS Administration should provide information about how they plan to expand direct services.

Response:

DHMH and DBM are working on a plan to transition out of MIPAR services, either by adding additional new positions using the FY06 BRFA authority, eliminating unneeded services or contracting out services. We will provide the committees with the results of that effort, which must be completed before June 30, 2006 to assure continuity of services.

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Response to Issue:

Issue #3: Federal Fund Spend Down (p. 18)

The Department should share with the committee the detailed information about how much carry-over the AIDS Administration currently has and how much it expects to have in the upcoming years. Also, the department should share with the committees the specific plans for depleting the surplus federal funds by June 2007.

Response:

The AIDS Administration submitted a carryover request to HRSA in October 2005 for $9,937,985 in Ryan White Title II funds. This amount included $2,713,148 in unspent federal funds and $7,224,837 in pharmaceutical rebates generated by the Maryland AIDS Drugs Assistance Program (MADAP) between April 1st, 2004 and March 31st, 2005. HRSA approved the full carryover request in December 2005 and funds are obligated for the following services: MADAP formulary maintenance, increased MADAP enrollment, treatment adherence services, HIV primary medical care, short-term housing, oral health services, mental health services, laboratory (CD4, viral load, genotype) testing, the client-level data project, health insurance continuation and transitional case management for the recently incarcerated.

The Department does not know how much unspent Ryan White Title II funds it will have in future years nor does it know if any future carry forward requests, if made, will be approved. Unspent funds have been decreasing annually.

The Department does not anticipate surplus funds, which will need to be depleted by June 2007.

The Department should comment about how this accounting change will affect the AIDS Administration's current plan to spend down the carry-over funds.

Response:

The accounting change for drug rebates will result in the AIDS Administration fully utilizing the federal ADAP funds. It is expected that there will be no carryover of Federal Funds on March 31, 2007 when the grant period ends.

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Response to Issue:

Issue #4: HIV/AIDS in Correctional Facilities (p. 18):

The department should explain the reason a report was not provided to the committees as requested, and the department should indicate when the report will be submitted.

Response:

A collaborative effort between the AIDS Administration and the Department of Public Safety and Correctional Services (DPSCS) was undertaken to respond to language contained in FY2006 Budget Bill (HB150) Joint Chairman's Report. The effort proved to be more complex than anticipated. The report is substantially complete. DHMH and DPSCS will continue to work together to complete the report within the next 30 days.

An executive summary of the complete report is attached.

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Response to Recommended Actions

Recommended Action 1. Add the following language to the Federal Fund Appropriation (pg. 19):

, provided that $1,700,000 of this appropriation for unspecified direct services may not be expended until the Administration submits a report to the budget committees detailing how the funds will be spent and the budget committees have 45 days from the receipt of the report to review and comment.

Response:
DHMH disagrees with the recommendation to restrict $1,700,000 currently allocated for MIPAR of this appropriation. It is our intention to work with DBM to develop a transition plan to minimize disruption of services.

The $1,700,000 currently funds direct services provided through the MIPAR contract. They include:

- HIV testing and prevention services at five Maryland prisons;
- HIV counseling, testing, education and referral targeting Latinos/Hispanics in three counties;
- Capacity building targeting African American women in three counties;
- Surveillance activities in Baltimore City; and,
- Evaluation of antiretroviral drug resistance in newly diagnosed individuals.

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Response to Issue:

Issue (pg. 9):

The Department should explain how the expected increases in MAIAP enrollment will be funded because the fiscal 2007 allowance is less than the fiscal 2005 actual.

Response:

MAIAP will see an increase in enrollment but with a minimal increase in expenses, which can be covered in the existing budget.

Insurance assistance for people with HIV is provided through two programs, MAIAP a state-funded program, and MADAP Plus, a federally funded program. The Medicare Part D program, launched January 1,2006, has resulted in more people needing insurance assistance. However, the assistance cost for Medicare Part D drug coverage is about 75% less than full health insurance.

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Response to Issue:

Issue (p.10):

DHMH should comment on the reasons for the projected decline in the yearly cost per active client.

Response:

The yearly drug cost per active MADAP client is not projected to decline. Exhibit 4 shows an increase from 2006 to 2007. There appears to be a decrease because in SFY05, an additional month of MADAP drug expenses was posted for a total of 13 months.

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Response to Issue:

Issue (p.12):

The AIDS Administration and DBM should comment about the language in the federal ADAP regulations and the legality of this accounting change.

Response:

Drug rebates in the AIDS Administration have been used as credits in previous years, in effect reducing the Federal Fund drug expenditures. Because this practice resulted in excess federal funds being carried over from year-to-year, DBM has instituted an accounting change to treat the drug rebates as General Fund revenue, replacing the rebates with General and Federal Funds in the AIDS Administration.

The basis for this accounting change was State Finance and Procurement Article 6-213 which states that each unit of State government shall pay into the State Treasury all collections, fees and income not otherwise dedicated by law for other purposes. The federal ADAP Manual states that monies received as a result of participating in the ADAP 340B rebate option are subject to State rules concerning program income. Further, the manual states that if State laws allow the return of program income to ADAP, then States should return program income generated from the rebate option to the operating budget of the ADAP so that it can permit scarce federal dollars to reach more eligible patients and provide more comprehensive ADAP services.

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EXECUTIVE SUMMARY OF A JOINT REPORT SUBMITTED BY THE AIDS ADMINISTRATION AND THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

MARYLAND HIV PREVENTION PROGRAMS IN CORRECTIONAL SETTINGS

The AIDS Administration in collaboration with DPSCS directs $1.4 million to provide HIV prevention in incarcerated settings.

HIV Counseling, Testing, and Referral Services (CTR) are provided in 29 MD correctional institutions. In 2004, the CTR program performed 5,984 confidential HIV tests in DPSCS sites, and identified 96 positive individuals who were 84% male, 90% African American and 50% newly discovered positives. Of the new positives, 94% received posttest counseling and were referred to services in DOC and upon release.

HIV Health Education and Risk Reduction Program. Five full time AIDS Administration prevention counselors working in 6 DPSCS sites use evidence-based curricula to change HIV knowledge, attitudes and behaviors, and to reduce inmates' risks for becoming infected or transmitting HIV to others. All programs are evaluated and data show that participants reported increased ability to avoid situations with high HIV risk, increased knowledge of HIV and prevention services, and increased knowledge of proper condom usage. Participants also reported decreased intentions to engage in risky sexual behavior.

The Trauma, Addictions, Mental Health and Recovery (TAMAR) Project. The AIDS Administration collaborates with the Mental Hygiene Administration to provide individual and group level counseling at 4 local detention centers to incarcerated women with histories of trauma, addiction and mental illness. Results show significant improvements in psychosocial factors associated with increased protective behaviors.

PREVENTION STRATEGIES IN OTHER STATES

Published literature highlights key strategies for effective HIV prevention in incarcerated settings. First, voluntary HIV testing and counseling is necessary to identify and refer HIV positive or at risk individuals to prevention and care. Counseling and testing are particularly important in identifying HIV positive individuals who may not be aware of their serostatus. These individuals are prime candidates for HIV care and prevention to reduce high-risk behaviors that lead to greater HIV transmission. Second, literature shows that programs, which emphasize skills training over multiple sessions, are more effective in reducing high-risk behaviors than one shot educational approaches. Behavioral interventions that are also peer-led have been shown to be highly effective in achieving behavior change goals. Third, making condoms available in incarcerated

settings has the potential to reduce new infections among high-risk individuals. Most correctional facilities in the US have chosen not to distribute condoms due to concerns that condoms would be used as weapons or to hide contraband, or that their distribution would implicitly suggest that sex is permitted. The reports and experiences of Canadian and European prisons indicate that these concerns have not been significant issues. Furthermore, Philadelphia jails have made condoms available for nearly 10 years. Although there are policy and budgetary issues that must be considered, existing data indicate further examination and discussion on the efficacy of condom programs in Maryland.

Maryland AIDS Administration
Department of Health and Mental Hygiene

Senate Budget and Taxation Committee

Subcommittee on Health & Human Services

Senator Gloria Lawlah, Chairman

February, 2006

Annual AIDS Case Report Rate by State*
(per 100,000 Population)

State	Rate
1. New York	39.7
2. Florida	33.5
3. *Maryland*	*26.1*
4. Louisiana	22.4
5. Delaware	18.9

Decrease in New Cases of AIDS and HIV

- Decline in rate of new AIDS cases and AIDS deaths since 1998 due to effective treatment

- Decline in new HIV cases since 1998 with aggressive prevention efforts

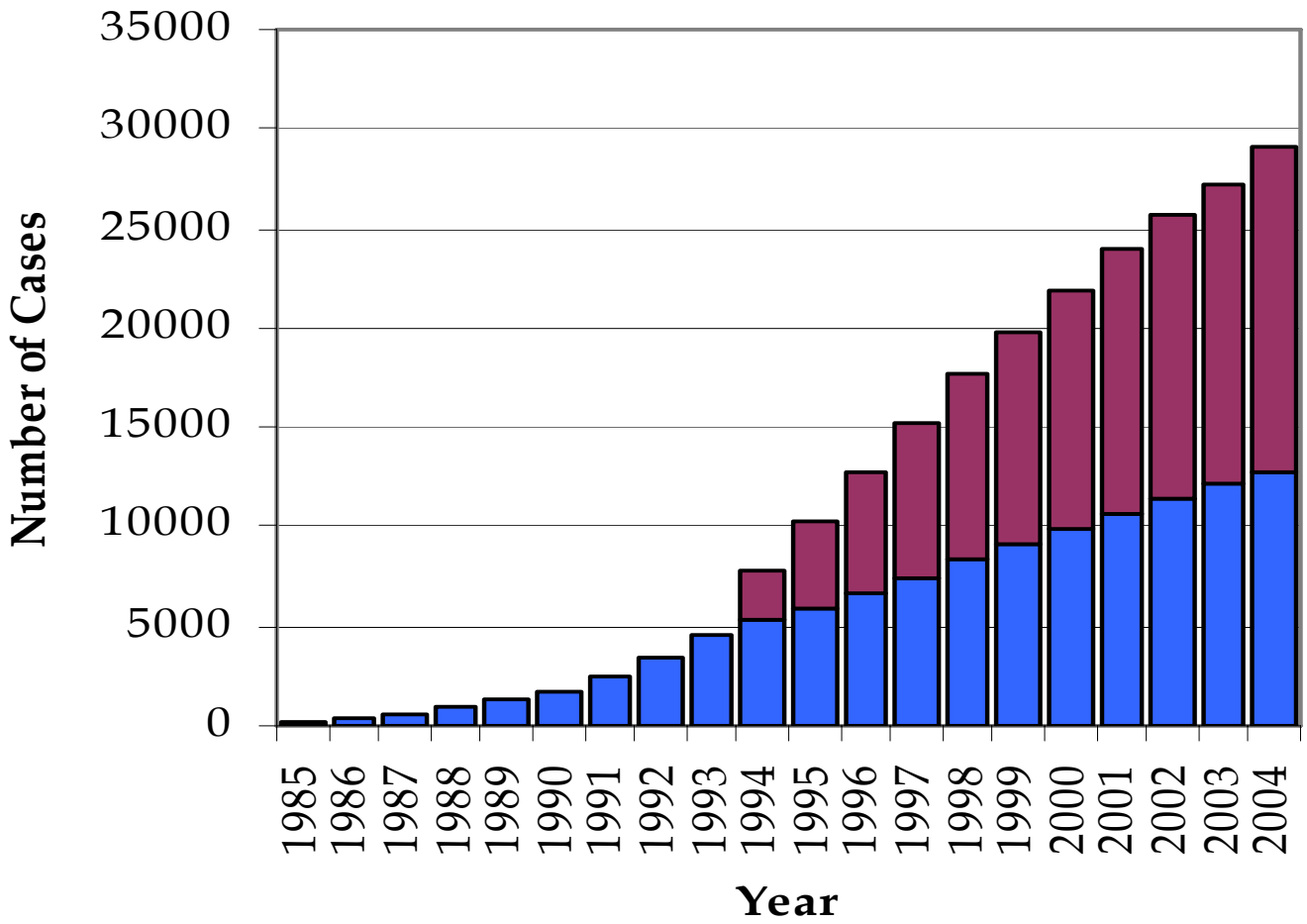
  > 80 science-based behavioral HIV prevention programs for highest risk groups

- 64,000 HIV tests

  57,000 conventional blood tests (1.6% positive)

  6,500 oral rapid tests at 60 sites (2.2% positive)

Number of People Living with HIV and AIDS on December 31 (1985-2004) in the State of Maryland*



*Reported through 6/30/05

Maryland AIDS Drug Assistance Program

- Provides drugs for HIV treatment and its complications for uninsured/underinsured Maryland residents.
- Increased enrollment by 13%--over 350 more people since last year
- 2200 clients/month
- Paid for 70,000 prescriptions
- Adding 29 new drugs to formulary-total to 143

Health Insurance Assistance Programs

- **MADAP Plus**
  federally-funded insurance assistance for Marylanders with HIV; pays 50% of premiums
  -82% increase in enrollment
  -over 70 more people in MADAP Plus since last year

- **Maryland AIDS Insurance Assistance Program (MAIAP)**
  state-funded program, assists with health insurance premium payment for income-eligible individuals, disabled by AIDS, and who have private health insurance
  -38% increase in enrollment
  -over 80 more people enrolled since last year

Ryan White Title II/IV funds for Health Services

- Over 15,000 people and families served in Maryland in FY06

- Ryan White Title II
  fund > 70 MD providers for outpatient primary medical care, case management, client advocacy, short term housing support, medication treatment adherence, substance abuse treatment, mental health, and oral health care.

- Ryan White Title IV
  -serves infected and affected women, infants, children and youth infected
  -provides outreach, education, counseling, medical treatment, obstetric care, pediatric care, social support services.